

MARYLAND STATE DEPARTMENT OF HEALTH

02546

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 112

The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Vienna</u>				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Vienna</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First)		(Middle)		(Last)	
<u>Bessie</u>		<u>Richardson</u>		<u>Baumgartner</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>		8. DATE OF BIRTH <u>4/5/1879</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Dor.</u>	
13. FATHER'S NAME <u>William O. Jump</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Redi</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY No. <u>no</u>		17. INFORMANT AND ADDRESS <u>Ruben Baumgartner, Vienna, Md.</u>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral hemorrhage</u>							<u>6 days</u>
Antecedent cause(s) (b) <u>Cerebral Arteriosclerosis</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Hypertension</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify) SUICIDE HOMICIDE				PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>			
				HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/18</u>, 1951., to <u>3/24</u>, 1951., that I last saw the deceased alive on <u>3/24</u>, 1951., and that death occurred at <u>8</u>a.m., from the causes and on the date stated above.							
SIGNATURE <u>W. J. Banks</u>				ADDRESS <u>Cambridge, Md.</u>		DATE SIGNED <u>3/24/51</u>	
23. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Buried</u>		DATE THEREOF <u>Mar 26 1951</u>		NAME OF CEMETERY OR CREMATORY <u>East New Market</u>		LOCATION (City, town, or county) (State) <u>East New Market, Md.</u>	
DATE REC'D BY LOCAL REG <u>3/26/51</u>		REGISTRAR'S SIGNATURE <u>Elizabeth W. Craft</u>		24. FUNERAL DIRECTOR <u>F. B. Willoughby</u>			

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

02547

1. PLACE OF DEATH- COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cornersville		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cornersville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)		STREET ADDRESS (none) (If rural, give location)	
3. NAME OF DECEASED (First) LEVIN (Middle) MITCHELL (Last) BECKWITH		4. DATE OF DEATH (Month) MARCH (Day) 19 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 12/22/1860
9. AGE last birthday 90 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farm	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Nemiah Beckwith		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)		16. SOCIAL SECURITY No. none	
17. INFORMANT AND ADDRESS Mrs. Willard Moore, Cambridge R.F.D. #3			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Coronary Thrombosis		14 hours	
Antecedent cause(s) (b) Arteriosclerosis Generalized		5 years	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY —		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan , 1951, to March , 1951, that I last saw the deceased alive on 3/18 , 1951, and that death occurred at 6 A.M. from the causes and on the date stated above.			
SIGNATURE High Brown (Degree or title) MD		ADDRESS Cambridge DATE SIGNED 3/19/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 3/21/1951	
NAME OF CEMETERY OR CREMATORY St. John's Chapel		LOCATION (City, town, or county) (State) Cornersville, Maryland	
DATE REC'D BY LOCAL REG. 3/23/1951		REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	
24. FUNERAL DIRECTOR LeCompte Funeral Service,		ADDRESS 100105 Cambridge, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 26 1961
JAMES A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02548

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge (Rural)</u> LENGTH OF STAY (in this place) <u>life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RFD # 1</u>		STREET ADDRESS (If rural, give location) <u>RFD # 1</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>ROSA LEE MILLS BRANNOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 26 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/18/1873</u> 77 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>William Mills</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Moffett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
		17. INFORMANT AND ADDRESS <u>Russell Brannock, Cambridge RFD #1</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Acute Coronary Occlusion</u>	<u>6 hours</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Bronchial Asthma</u>	<u>30 years</u>
	(c) <u>Mitral Stenosis</u>	<u>?</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16, 1951, to 3-26, 1951, that I last saw the deceased alive on 3-26, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

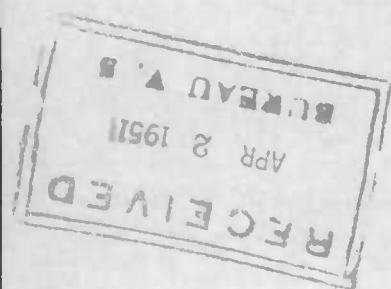
ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3/29/1951</u>	NAME OF CEMETERY OR CREMATOR <u>Dorchester Memorial Park, Cambridge, Maryland</u>	LOCATION (City, town, or county) (State) <u>Cambridge, Maryland</u>
DATE REC'D BY LOCAL REG. <u>3/31/51</u>	REGISTRAR'S SIGNATURE <u>John Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service, Cambridge, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02549

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>East New Market Road</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>East New Market, Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge, Maryland</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Mary</u> (First) <u>Eleanor</u> (Middle) <u>Brohawn</u> (Last)		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>5</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>11/12/1872</u>
9. AGE last birthday <u>79</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Price</u>	
14. MOTHER'S MAIDEN NAME <u>Don't know</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	
16. SOCIAL SECURITY No.		17. INFORMANT <u>Robert Sellers - Nephew</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>LEFT HEMIPLEGIA</u>		<u>28 DAYS</u>
Antecedent cause(s) (b) <u>GENERAL ARTERIOSCLEROSIS</u>		<u>6 YEAR</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>50</u> , to <u>3/5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/5</u> , 19 <u>51</u> , and that death occurred at <u>7:35 P.m.</u> , from the causes and on the date stated above.		
SIGNATURE (Degree or title) <u>Hattie S. Hunt, M.D.</u>		DATE SIGNED <u>7 MAR 51</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>3/8/51</u>	NAME OF CEMETERY OR CREMATORY <u>East New Market, Dor. Co.</u>
LOCATION (City, town, or county) (State) <u>East New Market, Dor. Co.</u>	24. FUNERAL DIRECTOR <u>W. B. Wilson & Co.</u>	ADDRESS <u>East New Market</u>
DATE REC'D BY LOCAL REG. <u>March 8, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mac, Jr., M.D.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Millington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STREET ADDRESS (If rural, give location) <u>-</u>	
3. NAME OF DECEASED (Type or Print) <u>Clara</u> <u>Hope</u> <u>Bryan</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>5</u> (Year) <u>1951</u>	
5. SEX <u>f</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED , <u>WIDOWED</u> , <u>DIVORCED</u> , (Specify)	8. DATE OF BIRTH <u>11-26-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>77</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>John Bryan</u>		14. MOTHER'S MAIDEN NAME <u>Jennie (last name)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Mrs. Dudley Moore, Millington md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

7 days

Immediate cause (a)

Antecedent cause(s)Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lastHypostatic pneumonia5 daysPsychosis with cerebral arteriosclerosis1 year

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Febr. 27, 1951, to March 5, 1951, that I last saw the deceasedalive on March 5, 1951, and that death occurred at 10:50 pm., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

21. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

093888

RECEIVED
MAR 8 1961
BUREAU A. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
in 9 shown on N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02551

CERTIFICATE OF DEATH

Reg. Dist. No. 116

FILM No. G 151 MAR 30 1951

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Hosp.</u>		STREET ADDRESS (If rural, give location) <u>219 Pine Street</u>	
3. NAME OF DECEASED (First) <u>James Edward</u> (Middle) <u>Mitchel</u> (Last) <u>Cornish</u>		4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>26</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>May 22 1904</u> 46 <u>47</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Officer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>46</u> <u>47</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTH PLACE (State or foreign country) <u>Cambridge, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Alex Cornish</u>		14. MOTHER'S MAIDEN NAME <u>Susan Perkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT + AND ADDRESS <u>Mrs Viola Wilson (sister)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Tuberculosis, active

3 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Mar 16, 1951, to Mar 21, 1951, that I last saw the deceased alive on Mar 18, 1951, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Deford R. Morgan, M.D. 136 Race St, Cambridge 3-24-51

23. BURIAL, CREMATION, REGION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Mar 24 51</u>	<u>Bellevue, A.M.C.</u>	<u>Cambridge</u>	<u>Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3/27/51</u>	<u>John Mace, Jr., M.D.</u>	<u>Devin A. Henry</u>	<u>Cambridge, Md</u>	

732 858

RECEIVED
JUN 25 1951
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02552

Reg. Dist. No. 110

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY <u>DORCHESTER</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>DORCHESTER</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>EL DORADO</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>EL DORADO</u>	
TOWN <u>EL DORADO</u>		TOWN <u>EL DORADO</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>EL DORADO SHARPTOWN RD.</u>		STREET ADDRESS (If rural, give location) <u>SHARPTOWN EL DORADO RD.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>MILDRED</u>	(Middle)	(Last) <u>DADE</u>
4. DATE OF DEATH	(Month) <u>3</u>	(Day) <u>2</u>	(Year) <u>1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>None</u>	8. DATE OF BIRTH <u>MAY 30 1868</u>
9. AGE last birthday <u>82</u> yrs.		10. AGE last birthday <u>82</u> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>LOUISIANA</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>UNKNOWN</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>MRS OSCAR BEABOUT</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1/23 to 3/5/51</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Gastric Enteritis</u>		
Antecedent cause(s) (b) <u>571.1 120a</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/23, 1951, to Year 2, 1951, that I last saw the deceased alive on Mar 2, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE N S Kuhlman M.D. ADDRESS Sharptown Rd DATE SIGNED 3/5/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3/4/51</u>	NAME OF CEMETERY OR CREMATORY <u>DORCHESTER MEMORIAL</u>	LOCATION (City, town, or county) <u>CAMBRIDGE</u>	(State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>3/3/51</u>	REGISTRAR'S SIGNATURE <u>Charles Hastings</u>	24. FUNERAL DIRECTOR <u>Paul J Smith Sharptown, md</u>	ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

RECEIVED
MAR 7 1951
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM NO. G 1, 1 MAR 27 1951 CERTIFICATE OF DEATH

02553

Reg. Dist. No. 11/6

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>1/0r.</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Cambridge</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Cambridge</u>			
TOWN <u>Rural - Cambridge</u>				TOWN <u>Rural - Cambridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.F.D. #3</u>				STREET ADDRESS (If rural, give location) <u>R.F.D. #3</u>			
3. NAME OF DECEASED (Type or Print) <u>Emma</u> (First) <u>J.</u> (Middle) <u>Fletcher</u> (Last)				4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>10</u> (Year) <u>1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 4 1861</u>	
9. AGE last birthday <u>90</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Dorchester Co. Md</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Cook</u>				14. MOTHER'S MAIDEN NAME <u>Minty Cook</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY No. <u>R.F.D. #3</u>			
17. INFORMANT AND ADDRESS <u>Ruth Ennells</u>				18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause

93d

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Coronary Thrombosis
(b) Chronic myocarditis
(c) Senile Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

20 hours

34 years

54 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE				PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY				(CITY OR TOWN)				(COUNTY)				(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>				HOW DID INJURY OCCUR?											

22. I hereby certify that I attended the deceased from 1/4/49, 1949, to 3/10, 1951, that I last saw the deceased alive on 3/10, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>				DATE THEREOF <u>Mar 15 1951</u>				NAME OF CEMETERY OR CREMATORY <u>Beckwith</u>				LOCATION (City, town, or county) <u>R.F.D. #3 Cambridge Md</u>			
DATE REC'D BY LOCAL REG. <u>March 16, 1951</u>				REGISTRAR'S SIGNATURE <u>John Mace, Jr. M.D.</u>				24. FUNERAL DIRECTOR <u>Herbert M. St. Clair, Jr.</u>				ADDRESS <u>Cambridge, Md</u>			

RECEIVED
MAY 19 1951
U. S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

02554

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Dorchester</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge R.F.D. 2</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cross Roads</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cross Roads</u>		STREET ADDRESS (If rural, give location) <u>Camb. R.F.D. 2</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Gilfred</u> (Middle) <u>monroe</u> (Last) <u>Hooper</u>	4. DATE OF DEATH	(Month) <u>Mar</u> (Day) <u>19</u> (Year) <u>1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Mar 11/27/49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>garment</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>	9. AGE last birthday <u>2</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Cross Roads</u>		12. CITIZEN OF WHAT COUNTRY <u>US A</u>	
13. FATHER'S NAME <u>Namuel Hooper</u>		14. MOTHER'S MAIDEN NAME <u>Martina Gardner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Miriam Jackson</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary Tuberculosis</u>		<u>8 months</u>
Antecedent cause(s) (b) <u>002 x 13b</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug. 26, 1951 to March 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE TIME OF <u>Mar 21/3</u>	NAME OF CEMETERY OR CREMATORY <u>Cross Roads</u>	LOCATION (City, town, or county) <u>Camb. R.F.D. 2</u>	(State) <u>md</u>
DATE REC'D BY LOCAL REG. <u>3/23/1951</u>	REGISTRAR'S SIGNATURE <u>Jalen mace, Jr.</u>	4. FUNERAL DIRECTOR <u>Hawist Baynes</u>	ADDRESS <u>Camb. md</u>	

820105

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

alfred cooper



MARYLAND STATE DEPARTMENT OF HEALTH

02555

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 111

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hurlock R.F.D. 2</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hurlock R.F.D. 2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>William</u> (First) <u>Hunt</u> (Middle) (Last)		4. DATE OF DEATH <u>3</u> (Month) <u>30</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11/16/1881</u>
9. AGE last birthday <u>69</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Hunt</u>		14. MOTHER'S MAIDEN NAME <u>Don't know</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Edward Dodson, East New Market, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusion</u>		<u>Instant</u>
Antecedent cause(s) (b) <u>420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Edmund D. Smith (Degree or title) ADDRESS — DATE SIGNED 3/31/51

Deputy Medical Examiner Dorchester County.

23. BURIAL OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>—</u>	<u>3/1/51</u>	<u>East New Market</u>	<u>East New Market Dor. Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>3/31/51</u>	<u>Elizabeth C. Smith</u>	<u>P. B. McLaughlin</u>	<u>Hurlock, Md 100105</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02556

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Vienna</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Vienna</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rt. 1 Box 1</u>		STREET ADDRESS (If rural, give location) <u>Rt. 1, Box 1</u>	
3. NAME OF DECEASED (First) <u>Henretta</u> (Middle) (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>22</u> (Year) <u>19 51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7/5/1884</u>
9. AGE last birthday <u>66</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Harry Stewart</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Ann Stanley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mrs. Mary M. Pinginton - Daughter</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Lobar Pn.5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Hypertensive Heart Disease1 yr.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/19, 1951, to 3/22, 1951, that I last saw the deceased alive on 3/22, 1951, and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3/26/51</u>	<u>Vienna Colored Cemetery</u>	<u>Vienna, Md.</u>	
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3/26/51</u>	<u>Elizabeth W. Craft</u>	<u>J. J. Frampton & Son</u>	<u>Federalsburg, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1951
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02557

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 11.6

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Rural - Cambridge</u> TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Cambridge</u> TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Stone Boundary Rd.</u>		STREET ADDRESS (If rural, give location) <u>328 High Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Dennis</u> (First) <u>Johnson</u> (Last)		4. DATE OF DEATH <u>May</u> (Month) <u>17</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 31 1899</u>
9. AGE last birthday <u>51</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Cambridge, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Dennis Johnson</u>		14. MOTHER'S MAIDEN NAME <u>Rachel Montgomery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY No.	
17. INFORMANT <u>Mrs Maggie Waters</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Accidental drowning.

2

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY In ditch

(CITY OR TOWN)

(COUNTY)

(STATE)

Stone Boundary Rd. Dorchester Md.TIME (Month) (Day) (Year) (Hour)
OF INJURY March 16-51 11p meINJURY OCCURRED
While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

Fell in ditch filled with water.22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from ☐ natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Deputy Medical Examiner

M.D.

Cambridge, Md.

3/19/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Burial
Mar 20 1951Bethel CemeteryCambridge, Md.Herbert M. St. Clair, JrCambridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 28 1951
W. A. RYAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02558

Reg. Dist. No. 116

The correct age is especially important. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY <u>DORCHESTER</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>DORCHESTER</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>CAMBRIDGE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>CAMBRIDGE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>CAMBRIDGE MARYLAND</u>		STREET ADDRESS (If rural, give location) <u>502 High STREET</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>EMMA</u> (Middle) (Last) <u>JOHNSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 9 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>BLACK</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>about 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>77</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>UNKNOWN</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>ARVIN JOHNSON</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592x Immediate cause (a)

Antecedent cause(s)

50

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(a)

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

12/15/50

19b. MAJOR FINDINGS OF OPERATION

Post-operative Amputation Breast

21. ACCIDENT SUICIDE HOMICIDE (Specify)

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☒

Interval Between Onset and Death

4 days
?

22. I hereby certify that I attended the deceased from 3/8, 1951, to 3/9, 1951, that I last saw the deceased

alive on 3/9, 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

BURIAL

DATE THEREOF

3/12/51

NAME OF CEMETERY OR CREMATORY

CRAPO

LOCATION (City, town, or county)

CRAPO

(State)

MARYLAND

DATE REC'D BY LOCAL REG.

Mar. 12, 1951

REGISTRAR'S SIGNATURE

John Mace, Jr., M.D.

24. FUNERAL DIRECTOR

LEWIS H. BAYNEUM

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK.

RECEIVED
MAR 14 1961
BUREAU OF
THE ARMY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02559

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH- COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE md COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hurlock rural		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN rural Hurlock	
HOSPITAL OR INSTITUTION OR STREET ADDRESS none		STREET ADDRESS (If rural, give location) none	
3. NAME OF DECEASED (First) (Middle) (Last) Rev. C. George Kaestner		4. DATE OF DEATH (Month) (Day) (Year) March 25, 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH Dec. 22, 1876
9. AGE last birthday 74 yrs.		10. If under 1 year (If under 24 hrs. Months Days Hours Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY minister	
11. BIRTHPLACE (State or foreign country) New York State		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Christian Kaestner		14. MOTHER'S MAIDEN NAME Susan Ann last name unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Mrs. Robert Lewis Hurlock, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

36 hrs

21. ACCIDENT SUICIDE HOMICIDE (Specify)

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☒22. I hereby certify that I attended the deceased from **3/24**, 19**51**, to **3/25**, 19**51**, that I last saw the deceasedalive on **3/25**, 19**51**, and that death occurred at **5 P.** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Mar 28/51**Charles Kaestner****Harvey Williams****Federalburg, Md.**

009896

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

02560

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
TOWN <u>Cambridge</u>		TOWN <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STREET ADDRESS (If rural, give location) <u>Wye Heights Plantation, R.F.D., Easton</u>	
3. NAME OF DECEASED (First) <u>George</u> (Middle) <u>F.</u> (Last) <u>Lane</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>31</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 13, 1871</u>
9. AGE last birthday <u>80</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William Lane</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Christopher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT AND ADDRESS <u>Mrs. William Dukes, Easton, Maryland</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 days

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) General arterio-sclerosis?(c) Psychosis with cerebral arterio-sclerosis1 year

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 30, 1951, to Mar. 31, 1951, that I last saw the deceased alive on Mar. 31, 1951, and that death occurred at 6:03 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED March 31, 1951

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF <u>4/3/51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Charles Cemetery</u>	LOCATION (City, town, or county) <u>Stanton, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>4/3/51</u>	REGISTRAR'S SIGNATURE <u>John Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>St. M. Hall</u>	ADDRESS <u>Stanton, Md.</u>	

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 24 1958

RECEIVED V. R.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02561

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cambridge, RFD		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cambridge, RFD	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cornersville		STREET ADDRESS Cornersville (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) LEIGHTON (Last)		4. DATE OF DEATH (Month) March (Day) 30 , (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown	8. DATE OF BIRTH Unknown 9. AGE last birthday approx 80 yrs.
10a. USUAL OCCUPATION (Give kind of work depending upon part of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Nova Scotia
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Melvin Hurley, Cambridge, RFD, Md.

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Coronary occlusion			Instant
420.1 Antecedent cause(s) (b) Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 94a			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE (Degree or title) John Mace, Jr., M. D.		DATE SIGNED 4-2-51	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-4-51	Dorchester Memorial Park	Cambridge, Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/3/1951	John Mace, Jr., M.D.	LeCompte Funeral Service	Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 4 1951
BUREAU V. S.

John W. [unclear]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02562

Reg. Dist. No. 110

1. PLACE OF DEATH- COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hurlock - Rural		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hurlock - Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Hynson		STREET ADDRESS (If rural, give location) Near Hynson	
3. NAME OF DECEASED (Type or Print)	(First) Kathleen	(Middle)	(Last) McGlotten
4. DATE OF DEATH	(Month) March	(Day) 5	(Year) 1951
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 22, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE last birthday 73 yrs.
11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Charles Spry		14. MOTHER'S MAIDEN NAME Isabelle Lake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS George McGlotten, Hurlock, Md., R.F.D.			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) **Chronic Myocardial Degeneration**
Antecedent cause(s) (b) **1**
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH
1 yr +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June**, 19**50**, to **March**, 19**51**, that I last saw the deceased alive on **March**, 19**51**, and that death occurred at **1 a.** m., from the causes and on the date stated above.

SIGNATURE **W. H. Harrison MD** (Degree or title) ADDRESS **Hurlock Md.** DATE SIGNED **3/5/51**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF March 7, 1951	NAME OF CEMETERY OR CREMATORY Johns Cemetery	LOCATION (City, town, or county) Near Preston, Md.	(State)
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DATE REC'D BY LOCAL REG March 7-1951	REGISTRAR'S SIGNATURE Charles Hasling	24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.	ADDRESS
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MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORRHO A. B

MAR 16 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

02563

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Maryland Hosp.</u>		STREET ADDRESS (If rural, give location) <u>103 Locust Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>MINNIE</u> (Middle) <u>BRILEY</u> (Last) <u>MILLER</u>	4. DATE OF DEATH (Month) <u>MARCH</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8/31/1868</u>
9. AGE last birthday <u>82</u> yrs.		10. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William H. Briley</u>		14. MOTHER'S MAIDEN NAME <u>Sallie A. Sherman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mr. Burnam Mace, Cambridge, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Cerebral hemorrhage 3 days

186a Antecedent cause(s) (b) Hypertensive cardiovascular disease 10 yrs.

(c) Compound comminuted fracture left humerus. 2 weeks

11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

CAUSE OF DEATH Home Cambridge Dor. Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY March 10-51p. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Slipped and fell down steps.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Deputy Medical Examiner M.D. Cambridge, Md. 3/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial 3/24/1951 Christ Church Cemetery, Cambridge, Maryland

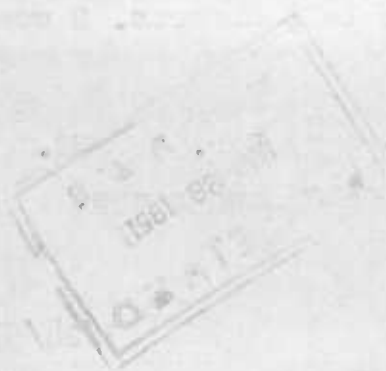
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

3/27/51 Joan Mace, Jr., M.D. LeCompte Funeral Service,

Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11.6

1. PLACE OF DEATH- COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 Race Street		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge STREET ADDRESS (If rural, give location) 416 Race Street	
3. NAME OF DECEASED (First) HELEN (Middle) BITTERS (Last) MILLS		4. DATE OF DEATH (Month) MARCH (Day) 7 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4/23/1858
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME James Mowbray		14. MOTHER'S MAIDEN NAME not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Mrs. Aleen Bitters- Cambridge, Md.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Coronary Heart Disease (Chronic)		3 yrs.	
Antecedent cause(s) (b) Benign Arterio Sclerosis		5 yrs.	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cardio-renal disease		2 yrs.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Smoking			
19a. DATE OF OPERATION March 9, 1951		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) suicide		PLACE (Home, farm, factory, street, OF office bldg., etc.) home	
TIME (Month) (Day) (Year) (Hour) OF INJURY March 4, 1951, 3:15 p.m.		INJURY OCCURRED While at Work Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? hanging			

22. I hereby certify that I attended the deceased from **Feb. 27, 1951**, to **March 7, 1951**, that I last saw the deceased alive on **March 4, 1951**, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

SIGNATURE John E. Murphy M.D.		ADDRESS Cambridge, Md.		DATE SIGNED 3-8-51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 3/9/1951		NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
LOCATION (City, town, or county) Cambridge, Maryland		(State) Md.			
DATE REC'D BY LOCAL REG. March 9, 1951		REGISTRAR'S SIGNATURE John Mace, Jr. M.D.		24. FUNERAL DIRECTOR LeCompte Funeral Service-	
				ADDRESS Cambridge, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

02565

1. PLACE OF DEATH - COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Dor</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Vienna R.F.D.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cross road R.F.D. 2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Charlie</u> (First) <u>C</u> (Middle) <u>Payton</u> (Last)	4. DATE OF DEATH <u>Mar 18</u> (Month) <u>18</u> (Day) <u>1951</u> (Year)		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 29, 1867</u> AGE last birthday <u>83</u> yrs. If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salvager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salvager</u>	
11. BIRTHPLACE (State or foreign country) <u>Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Payton</u>		14. MOTHER'S MAIDEN NAME <u>Don't know</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>_____</u>	
17. INFORMANT AND ADDRESS <u>Bertie Stafford</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic Myocardial Degeneration

INTERVAL BETWEEN ONSET AND DEATH

8 mo. +

Antecedent cause(s)

(b) Cerebral Hemorrhage + Hemiplegia8 mo +

(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at <input type="checkbox"/> Not While at <input type="checkbox"/> Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July, 1950, to March, 1951, that I last saw the deceasedalive on March 15, 1951, and that death occurred at 4:00 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Mar 21/51</u>	NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	LOCATION (City, town, or county) <u>In Cambridge Md</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>Mar 21-1951</u>	REGISTRAR'S SIGNATURE <u>Charles Hastings</u>	24. FUNERAL DIRECTOR <u>Lewis H. Boyneum</u>		
		ADDRESS <u>Cambridge Md 970 VII</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02566

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aireys</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aireys (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RFD # 2</u>		STREET ADDRESS <u>RFD # 2</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>BESSIE</u> (Middle) <u>WILLEY</u> (Last) <u>PROCTOR</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1/23/1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	9. AGE last birthday <u>68</u> yrs. If under 1 year Months Days If under 24 hrs Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Marcellus Proctor</u>		14. MOTHER'S MAIDEN NAME <u>Frances Ellen Willey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u> Mrs. <u>Evelyn Black, Cambridge, R#2, Md.</u>	
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
434.1 Immediate cause (a) <u>Congestive heart failure</u>		<u>1 hour</u>
932 Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>		
SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> ADDRESS <u>Cambridge, Md.</u>		DATE SIGNED <u>3/25/51</u>
23. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u>	DATE THEREOF <u>3-27-51</u>	NAME OF CEMETERY OR CREMATORY <u>East New Market Cemetery, East New Market, Md.</u>
DATE REC'D BY LOCAL REG <u>3/27/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service</u> ADDRESS <u>Cambridge, Maryland</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

02567

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Vienna (Rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.		STREET ADDRESS (none)	
3. NAME OF DECEASED (Type or Print) MARIAN (First) B. (Middle) RICHARDSON (Last)		4. DATE OF DEATH (Month) MARCH (Day) 16 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 8/14/1910
9. AGE last birthday 40 yrs.		10. If under 1 year: Months 0 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farm	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert H. Richardson		14. MOTHER'S MAIDEN NAME Bessie Willey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. John Hurley, Cambridge, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **acute pulmonary edema**

INTERVAL BETWEEN ONSET AND DEATH
2 1/2 hours

Antecedent cause(s)

(b) **Hypertensive Cardiovascular Disease**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Chronic Alcoholism

?

19a. DATE OF OPERATION

none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Eldridge H. Wolff MD Assistant Surgeon General
Cambridge, Md.

3-17-57

23. BURIAL, CREMATION REMOVAL (Specify)

Burial

DATE THEREOF

3/19/1951

NAME OF CEMETERY OR CREMATORY

Dorchester Memorial Park

LOCATION (City, town, or county)

Cambridge, Maryland

(State)

DATE REC'D BY LOCAL REG.

3/23/51

REGISTRAR'S SIGNATURE

[Signature]

24. FUNERAL DIRECTOR

LeCompte Funeral Service,

Cambridge, Maryland

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

02568

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital		STREET ADDRESS (If rural, give location) 434 Pine Street	
3. NAME OF DECEASED (Type or Print) (First) ARDELIA (Middle) ROBERTS (Last)		4. DATE OF DEATH (Month) March (Day) 6 (Year) 1951	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-24-1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George W. Fields		14. MOTHER'S MAIDEN NAME Annie M. Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Lula M. Roberts			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause Mesenteric thrombosis		2 days
(b) Antecedent cause(s) Ovarian cyst (Operation 2-8-51)		?
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 2-8-51	19b. MAJOR FINDINGS OF OPERATION Chocolate cyst right ovary	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John Mace, Jr. (Degree or title)		ADDRESS		DATE SIGNED
John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md.		3-8-51		
23. BURIAL, CREMATION, or other disposal (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-10-51	Cordtown Cemetery	Cambridge, RFD, Maryland	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
March 8, 1950	John Mace, Jr., M.D.	Lewis H. Bayneum	Cambridge, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 10 1951
BUREAU 7.8

RECEIVED
MAR 10 1951
BUREAU 7.8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02569

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hudson		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hudson	
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Home) Cambridge R.F.D. Md.		STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED (Type or Print)	(First) ELIZABETH (Middle) EVELYN (Last) SEWARD	4. DATE OF DEATH (Month) MARCH (Day) 25 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, OR FORCED (Specify) Widowed	8. DATE OF BIRTH 11/17/1872
9. AGE last birthday 78 yrs.		10. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Work		11. BIRTHPLACE (State or foreign country) Cambridge R.F.D. # 3 Md.	
13. FATHER'S NAME William E. Rumbly		14. MOTHER'S MAIDEN NAME Susan E. Rhea	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. X	
17. INFORMANT AND ADDRESS Miss Edna Seward		Cambridge R.F.D. # 3 Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) *Coronary Artery Disease*
 (b) *Cardio-Renal-Vascular*
 (c) *Arterio-sclerosis*

INTERVAL BETWEEN ONSET AND DEATH

2 days
5 yrs.
5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-23, 1951**, to **3-25, 1951**, that I last saw the deceased alive on **3-25, 1951**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/28/51	Greenlawn	Cambridge, Md.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
3/27/51	John Mace, Jr., M.D.	LeCompte Funeral Service.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

02570

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and give nearest town) Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Street		STREET ADDRESS (If rural, give location) Washington Street	
3. NAME OF DECEASED (Type or Print)	(First) RUSSELL	(Middle) OMRO	(Last) SHORTER
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 3/2/1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Deliveryman		10b. KIND OF BUSINESS OR INDUSTRY Cooperative Store-	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Napolen Shorter		14. MOTHER'S MAIDEN NAME Mamie H Elliott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Mrs. Napolen Shorter, Cambridge, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) **Gun shot wound of brain** Instant

164c Antecedent cause(s) (b) **Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last**

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home	(CITY OR TOWN) Cambridge	(COUNTY) Dor.	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY 3 29 51 8 a.m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Shot self with rifle.		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 3-31-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/1/1951	NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park, Cambridge, Maryland	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 3/2/51	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR LeCompte Funeral Service,	ADDRESS Cambridge, Maryland

320636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1961
BUREAU A. B.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition
in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02571

FMM No. G 131 MAR 20 1951 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Cambridgee</u> TOWN <u>Wife</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>55 Douglas Street</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor.</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridgee</u> TOWN <u>Cambridgee</u> STREET ADDRESS (If rural, give location) <u>55 Douglas Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Maggie Ward Stewart</u>		4. DATE OF DEATH (Month) <u>Mar.</u> (Day) <u>3</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 1 1904</u>
9. AGE last birthday <u>47</u> yrs. <u>2</u> mos. <u>3</u> days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Dorchester Co. Md</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Ward</u>		14. MOTHER'S MAIDEN NAME <u>Mary Emily Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY No. <u>Delores Ward, Cambridge, Md</u>	
17. INFORMANT AND ADDRESS <u>Delores Ward, Cambridge, Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute Cardiac Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Aneurysm of Aorta - Ascending Transverse
Etiology undetermined (3/19/51 acc.)

(c)

INTERVAL BETWEEN ONSET AND DEATH

20 min.
approx.
9 mos.II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 9-9, 1950, to 3-3, 1951, that I last saw the deceased alive on 3-3, 1951, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3/7/51</u>	NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	LOCATION (City, town, or county) <u>Cambridge, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>March 9, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>Herbert M. St. Clair, Jr.</u>	ADDRESS <u>Cambridge, Md.</u>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02572

CERTIFICATE OF DEATH

Reg. Dist. No. 11. 6

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>md</u> COUNTY <u>Dor</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge md</u>	
TOWN <u>Hospital, Camb</u>		TOWN <u>St. Roberts St</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Albert R Thompson</u>		4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>cool</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>none</u>	8. DATE OF BIRTH <u>Jan 28/2 mo yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Cambridge, md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Albert A. Thompson Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Eda E. Lamason</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Albert R. Thompson 211</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Bronchopneumonia

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1951 to 3/23, 1951, that I last saw the deceased alive on 3/23, 1951, and that death occurred at 2:00 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 16, 1951John Mace, Jr., M.D.Lewis W. Bayneum

201281351404

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 18 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02573

CERTIFICATE OF DEATH

Reg. Dist. No. 11.6

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Toddville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Maryland Hosp.</u>		STREET ADDRESS (If rural, give location) <u>(none)</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>CLARA</u>	(Middle) <u>ROBINSON</u>	(Last) <u>TODD</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	4. DATE OF DEATH (Month) <u>MARCH</u> (Day) <u>26</u> (Year) <u>1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	8. DATE OF BIRTH <u>3/25/1883</u>	9. AGE last birthday <u>68</u> yrs. If under 1 year Months Days Hours Min.
11a. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Slater Robinson</u>		14. MOTHER'S MAIDEN NAME <u>Mary Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Maisie Jones, Toddville, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Myocardial failure

INTERVAL BETWEEN ONSET AND DEATH

7 days

Antecedent cause(s)

(b)

Hypertension

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

hypertrophic

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Obesity

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26/51, 1951, to 3/26/51, 1951, that I last saw the deceasedalive on 3/26/51

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

3/31/51John Mace, Jr., M.D.LeCompte Funeral Service,Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2 1961
H. H. HALL & S.

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rear of 129 Race St.,</u>		STREET ADDRESS (If rural, give location) <u>Rear of 129 Race St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Lee</u>	(Middle) <u>Richard</u>	(Last) <u>Willey</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec, 20, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>56</u> yrs.
13. FATHER'S NAME <u>Edward Willey</u>		11. BIRTHPLACE (State or foreign country) <u>Cambridge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
(If yes, give war or dates of service) <u>World War I</u>		14. MOTHER'S MAIDEN NAME <u>Ida Carroll</u>	
16. SOCIAL SECURITY No. <u>1</u>		17. INFORMANT AND ADDRESS <u>Elsie Wright, 311 Willis St., Camb., Md.</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusion</u>		<u>?</u>
420.1 Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
940 (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John Mace, Jr. (Degree of title) ADDRESS Cambridge, Md. DATE SIGNED 3/22/51

Deputy Medical Examiner Dorchester Co.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Mar, 23, '51</u>	<u>Dorchester Memorial Park</u>	<u>Cambridge, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3/23/51</u>	<u>John Mace, Jr., M.D.</u>	<u>Kenneth R. Thomas</u>	<u>Cambridge, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

564246

RECEIVED
MAR 26 1951
BUREAU A. S.